

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000012549

1. Entity Name
GJCSC INVESTMENTS, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State
04-07-2000 90038 007 ***150.00

Principal Place of Business
3202 E ATLANTIC BLVD
POMPANO BEACH FL 33064

Mailing Address
3202 E ATLANTIC BLVD
POMPANO BEACH FL 33062-5013

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOWARD J. MILCHMAN, P.A.
9600 W SAMPLE RD, SUITE 507
CORAL SPRINGS FL 33065

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax-filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00

~~After MAY 1, 2000 Fee will be \$550.00~~

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CAFFRO, CRAIG	
STREET ADDRESS	3202 E ATLANTIC BLVD	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	President	<input type="checkbox"/> Delete
NAME	JANET CAFFRO	
STREET ADDRESS	3370 Beau Rivage Dr	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	Vpres	<input type="checkbox"/> Delete
NAME	DONNA PUSKINSKY	
STREET ADDRESS	1880 3rd ST	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 Apr 00 954-781-2376

Date

Daytime Phone #

CR2E034 (9/99)